US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND (USAMRDC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2022 (FY22) PROSTATE CANCER RESEARCH PROGRAM (PCRP)

DESCRIPTION OF REVIEW PROCEDURES

The programmatic strategy implemented by the FY22 PCRP called for applications in response to the program announcement (PA) for one award mechanism released in April 2022:

- Exploration – Hypothesis Development Award (EHDA)

For the EHDA, Principal Investigators (PIs) were asked to submit a letter of intent to submit a full application. Applications were received in June 2022 and peer reviewed in August 2022. Programmatic review was conducted in October 2022.

In response to the EHDA PA, 97 compliant applications were received, and 20 (20.6%) were recommended for funding for a total of $3.2 million (M).

Submission and award data for the FY22 PCRP are summarized in the table below.

Table 1. Submission/Award Data for the FY22 PCRP*

Mechanism	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
EHDA	97	20 (20.6%)	$3.2M

*These data reflect funding recommendations only. Pending FY22 award negotiations, final numbers will be available after September 30, 2023.

THE TWO-TIER REVIEW SYSTEM

The USAMRDC developed a review model based on recommendations of the 1993 Institute of Medicine (IOM) (now called the National Academy of Medicine) of the National Academy of Sciences report, *Strategies for Managing the Breast Cancer Research Program: A Report to the Army Medical Research and Development Command*. The IOM report recommended a two-tier review process and concluded that the best course would be to establish a peer review system that reflects not only the traditional strengths of existing peer review systems, but also is tailored to accommodate program goals. The Command has adhered to this proven approach for evaluating competitive applications. An application must be favorably reviewed by both levels of the two-tier review system to be funded.

THE FIRST TIER—Scientific Peer Review

EHDA applications were peer reviewed in August 2022 by three panel(s) of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PA.

Each peer review panel included a Chair, an average of eight scientific reviewers, an average of three consumer reviewers, and a nonvoting Scientific Review Officer. The primary responsibility of the panelists was to review the technical merit of each application based on the evaluation criteria specified in the PA. Reviewers were blinded to the identities of the PIs, collaborators, and their institutions.

Online Peer Review Panels

The EHDA scientific peer review panel was conducted online. Each application was reviewed by two scientists and one consumer. Moderated online discussions took place following individual reviewer score input if there was a discrepancy in scoring range of more than two adjectival scores [e.g., Outstanding score (1.0-1.5) and Fair (2.6-3.5)].

Application Scoring

Evaluation Criteria Scores: The panel members were asked to rate each peer review evaluation criterion as published in the appropriate PA. A scale of 1 to 10 was used, with 1 representing the lowest merit and 10 the highest merit, using whole numbers only. The main reasons for obtaining the criteria ratings were to (1) place emphasis on the published evaluation criteria and provide guidance to reviewers in determining an appropriate overall score and (2) provide the applicant, the Programmatic Panel, and the Command with an informed measure of the quality regarding the strengths and weaknesses of each application. The evaluation criteria scores were not averaged or mathematically manipulated in any manner to connect them to the global or percentile scores.

Overall Score: To obtain an overall score, a range of 1.0 to 5.0 was used (1.0 representing the highest merit and 5.0 the lowest merit). Reviewer scoring was permitted in 0.1 increments. Panel member scores were averaged and rounded to arrive at a two-digit number (1.2, 1.9, 2.7, etc.). The following adjectival equivalents were used to guide reviewers: Outstanding (1.0–1.5), Excellent (1.6–2.0), Good (2.1–2.5), Fair (2.6–3.5), and Deficient (3.6–5.0).

Summary Statements: The Scientific Review Officer on each panel was responsible for preparing a Summary Statement reporting the results of the peer review for each application. The Summary Statements included the evaluation criteria and overall scores, and peer reviewers' written comments. This document was used to report the peer review results to the Programmatic Panel. It is the policy of the USAMRDC to make Summary Statements available to each applicant when the review process has been completed.

THE SECOND TIER—Programmatic Review

Programmatic review was conducted in October 2022 by the FY22 Programmatic Panel, which is comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in prostate cancer. Programmatic review is a comparison-based process that considers scientific evaluations across all disciplines and specialty areas. Programmatic Panel members do not automatically recommend funding applications that were highly rated in the technical merit review process; rather, they carefully scrutinize applications to allocate the limited funds available to support each of the award mechanisms as wisely as possible. The programmatic review criteria published in the PA were as follows: ratings and evaluations of the scientific peer review panels; adherence to the intent of the award mechanism; program portfolio composition; programmatic relevance to FY22 PCRP Overarching Challenges; and relative impact and innovation. Programmatic reviewers were blinded to the identities of the PIs, collaborators, and their institutions. After programmatic review, the applications recommended for funding were sent to the Commanding General, USAMRDC, for approval.